

# In Case of Emergency

## REFRIGERATOR CARD

NAME: \_\_\_\_\_ DATE CARD COMPLETED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: (    ) \_\_\_\_\_

\_\_\_\_\_ ALLERGIES TO MEDS: \_\_\_\_\_

WHOM TO CONTACT NAME & PHONE #: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ MAJOR ILLNESSES: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

HEALTH INSURER: \_\_\_\_\_

\_\_\_\_\_

MEDICARE #: \_\_\_\_\_ OTHER: \_\_\_\_\_

OVER FOR MEDICATIONS

### MEDICATIONS

CURRENT MEDICATIONS	DOSAGE STRENGTH	HOW OFTEN TAKEN	WHEN TAKEN

ERIE COUNTY SHERIFF'S OFFICE  
662-6150  
BUFFALO CITY POLICE  
851-4444

ERIE COUNTY SENIOR SERVICES  
858-8526  
LOCAL POLICE DEPT:  
\_\_\_\_\_

**EMERGENCY DIAL 911**